

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 28, 2008 08:00 AM
Secretary of State**

DOCUMENT # N98000001358

1. Entity Name

SUNRISE HARBOUR HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**6934 SUNRISE COURT
CORAL GABLES FL 33133**

Mailing Address

**6934 SUNRISE COURT
CORAL GABLES FL 33133**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

1st MOORE

CR2E037 (10/07)

Zip

Country

Zip

Country

4. FEI Number

65-0827410

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEINER, LEONARD MD
6934 SUNRISE COURT
CORAL GABLES FL 33133**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature (Typed or printed name of registered agent and the date thereof)

(NOTE: Registered Agent signature area used with a notary stamp)

DATE

**FILE NOW: FEE IS \$61.25
Due By: May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PASALODES, OMAR**
STREET ADDRESS **100 E. SUNRISE AVE**
CITY-ST-ZIP **CORAL GABLES FL 33133-7023**

TITLE ☐ Delete
NAME **STEINER, LEONARD MD**
STREET ADDRESS **6934 SUNRISE CT**
CITY-ST-ZIP **CORAL GABLES FL 33133-7023**

TITLE ☐ Delete
NAME **DAVIS, AIMEE**
STREET ADDRESS **6865 SUNRISE TERRACE**
CITY-ST-ZIP **CORAL GABLES FL 33133-7023**

TITLE ☐ Delete
NAME **BEECHAM-LOPEZ, VICKIE**
STREET ADDRESS **131 E. SUNRISE AVE.**
CITY-ST-ZIP **CORAL GABLES FL 33133**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**000000842088
03/11/08-80049-003 61.25**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Leonard Steiner 2/25/08 305-461-5020